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Bib Data Sheet

CONFIRMATION NO. 8484

SERIAL NUMBER 09/668,024	FILING DATE 09/21/2000 RULE	CLASS 359	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 155603-0176	
APPLICANTS Paul F. Sechrist, Laguna Niguel, CA; Millard A. Nunnally, Mission Viejo, CA;					
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/175,562 10/20/1998 ABN WHICH IS A DIV OF 09/071,557 05/01/1998 PAT 5,930,057 WHICH IS A CON OF 08/756,762 11/26/1996 PAT 5,757,561					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/01/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS Ben J Yorks Irell & Manella LLP Suite 400 840 Newport Center Drive Newport Beach ,CA 92660					
TITLE Precision optical mounts					
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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SERIAL NUMBER 09/668,024	FILING DATE 9/24/00 RULE -	CLASS 359	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 155603-0176
APPLICANTS Paul F. Sechrist, Laguna Niguel, CA ; Millard A. Nunnally, Mission Viejo, CA ; <i>U.S.</i>				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/175,672 10/20/1998 ABN, <i>which is divisional of 09/071,557 filed 5/1/98 now 593,057</i> ** FOREIGN APPLICATIONS ***** <i>which is continuation of U.S. Pat. 5,757,361</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/01/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>U.S.</i> Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 20
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